



Dear fellow Rotarians,

When I planned for my travels during my year as Rotary president, I decided that intercity meetings would be the most effective way to meet Rotarians. I urged clubs in a city or a region to merge their weekly meetings into one evening meeting. I offered to be the main speaker and to mingle with Rotarians before and after the event. I also planned to visit areas where a president had never been or had not been for a long time.

I had great expectations for these meetings. Now that I have experienced a large number of them, I must say that they have far exceeded my expectations. Rotarians and their spouses have been extremely kind and appreciative. They have greeted me with open arms, talked to me, laughed with me, embraced me, and just made me feel at home from the very first minute.

I went to these intercity meetings hoping to encourage Rotarians to continue their excellent work for our organization and to encourage less active members to participate more extensively in the future. I have mostly talked on Rotary topics that provide an international perspective. And I have listened. I have listened and learned what Rotarians want from Rotary leadership. This is of great value to all of us, because if the board members are to do good work in the boardroom, it is essential that we all know what the Rotarians want from us. They want a lot of things, but public image is one concern that stands out.

There is tremendous frustration among Rotarians that Rotary is often forgotten in the media. Rotary International seems to be forgotten almost on a regular basis when the polio eradication initiative is mentioned in the media. Not always, but often. And Rotary is not just PolioPlus. It is so much more. It is Rotarians serving daily meals to children who otherwise would go hungry. It is Rotarians helping blind people tap into the digital world. It is Rotarians running orphanages for children who have no homes. It is Rotarians helping out in national disasters. It is Rotarians drilling water wells. It is Rotarians educating people to provide a foundation for a better life. The list can go on.

But we could do a better job in letting the world know what we are doing. That is why I have appointed a Public Image Resource Group, under the leadership of Rotarian Mary Margaret Fleming (District 5230, California, USA). This group has been very well received by Rotarians all over the world in helping us to tell the Rotary story. I have seen an improvement on the local level in our public image. Let us capitalize on this effort for years to come and let us together through *Service Above Self* continue to show the world the great leadership of Rotary International.

# Carl-Wilhelm Stenhammar

President, Rotary International



# The Four Way Flasher

# Rotary Club of MeadowRidge Newsletter

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Meetings: Tuesday 12pm, Gourmet Hideaway Restaurant

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#### INVOCATION

| Mar. 7  | Murray Davelaar | Mar. 14 | Mike Davies |
|---------|-----------------|---------|-------------|
| Mar. 21 | Matt DeBruyn    | Mar. 28 | Brian Fox   |



#### **BINGO SCHEDULE**

|          | 6:15-8:15        | 8:00-10:00     |
|----------|------------------|----------------|
| March 23 | Ron LePore       | Stan Wade      |
| April 20 | Maureen Goodrick | Vladimir Cukor |

Call Peter at 604-465-3392 for assistance or peter.boekhorst@telus.net

**TODAY'S PROGRAM:** Val Pastenaude – Maple Ridge Museum/Historical Society

**NEXT WEEK'S PROGRAM:** Business Meeting – Club Services

This month's **Executive meeting** has been moved to **Wednesday March 22nd, 12 noon, Home Restaurant**, due to un-availability of President Brian.

At this time, we would also like to invite the new 2006/07 Executive to attend this meeting in order to familiarize yourselves with the procedures and to secure continuity when you take over your respective positions.

#### **CALENDAR OF CLUB AND DISTRICT 5050 EVENTS:**

| Date       | Time      | Event                         | Venue                                |
|------------|-----------|-------------------------------|--------------------------------------|
| March 22   | noon      | Executive Meeting             | Home Restaurant                      |
| Apr. 8     | 8:00-2:00 | District 5050 Assembly        | Kwantlen Univ. College, Surrey, B.C. |
| May 19-21  |           | District 5040/5050 Conference | Whistler, B.C.                       |
| May 24     |           | Haney Rotary Golf Tournament  |                                      |
| June 11-14 |           | RI Convention 2006            | Malmö and Copenhagen                 |
| June 14    |           | Haney Rotary Ladies Night     |                                      |

50 / 50 draw - Jackpot at \$905+ 1/2 of today's sales, 19 cards left, Jackpot on "Queen of Hearts" only!

#### LAST WEEKS MEETING

#### Stan Wade presented a cheque to Bob Thompson and Dr. Frank Ervin for the Hospital Expansion.



Guests at today's meeting were Bob Thompson, Frank Ervin, Inspector Jim Wakely, Jim Rule, Sandra Rankin, Zdenka Cukor, Angela Marshall and her associate Gordon.



### Vladimir presented a banner from the Rotary Club of Osijek.

Our Guest Speaker was Angela Marshall who is involved in the Fraser House in Mission. She is currently travelling the province teaching about the impact of crystal meth addiction.

She began by explaining that she's been an outreach worker who has been involved in youth addiction for the past 7 years. 4 years ago she started noticing that kids she had known for years who are her clients were undergoing changes including skin damage, mental illness and were unable to sit still. She said that the cause of these changes was exposure to Crystal Meth.

She showed the pre-cursor ingredients that are used to make Meth which include Pseudo-ephedrine (i.e. Sudafed), hydroiodic acid which is a controlled substance but can be made from red phosphorus (matchbook striker panel dipped in acetone) and iodine crystals which are not regulated (hydrogen peroxide, muratic acid, etc). The colour of the Meth is dependent upon the ingredients used and can be white, yellow, purple or green. The product is sold in point bags for about \$10 a bag.

Other items that can be used in the process include Drano, battery acid, methyl hydrate, gun cleaner, antifreeze, etc). These items are being watched closer now thanks to the Meth Watch campaign which teaches merchants what items when purchased in quantity to look out for.

The drug can be ingested by smoking, snorting, oral ingestion or injection. The tablets that are ingested orally are none as "yabba" tablets (crazy medicine). The pills can be fruit flavoured and sell for \$5 - \$10 a pill. The drug is also being added to other narcotics such as marijuana and Ecstasy.

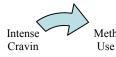


The drug creates a "high" which is an intense rush within 10 seconds but does not last long. There is a euphoria that follows that can last up to 6 hours. The user has endless energy, has no need to eat or sleep, is super focused and seems productive.

Some signs of the drug are:

- "Teching" which is an obsession with repeating simple tasks.
- "Sketching" which is delusional hallucinations from lack of sleep accompanied by paranoia.
- "Tweaking" which is unprovoked hostility, aggression and rage.

THE CYCLE OF ADDICTION – leaves the user feeling sick, depressed, angry and guilty.



The user is obsessed with chasing the first high. The drug provides a numbness and creates an escape. The user is unable to see what the drug is doing to their body.



Effects of the drug are both cognitive and physical and can include:

- ► Tooth damage
- ► Nasal damage ► Inability to sleep
- ► Eye aneurysms loss of sight and vision. ► Brain, heart and lung damage.
- ► Skin damage caused by speed bugs.
- ▶ Drug use can lead to HIV and HepC (unsafe sex and needle use)

Simple ways to help someone with a Meth problem:

- 1. Become a companion.
- 2. Set boundaries and don't enable their behaviour.
- 3. Work as a team with physicians, mental heath workers, law enforcement, etc.
- 4. The person will be difficult to deal with, but don't give up.

A person can recover with intensive long-term treatment which would include primary treatment for at least 6 months and then outpatient treatment for at least 6 months.

**Submitted by Lynda Lawrence** 

# THE GSE TEAM CALLING:

#### Hello All,

Just a few lines to let you know, that we have not forgotten you. We are kept so incredibly busy that we have not had any opportunity to sit down and update the blog. It has been an overwhelming experience so far and our fellow Rotarians in Thailand are looking after us in a way that is going to be difficult to match when they come to visit us.

The people here and the sights and vocational sessions all have been outstanding. The team is holding up OK other than the heat is bothering two of the members to some extent.

We hope to get a chance to update the blog in the next day or two. It is difficult to get access to the internet and Email pictures. Et one picture is worth a thousand words, therefore we hope to send you some. Joe one of our team has already taken 3500, yes that is the correct number of photos. All in all I can say, it has been more than I expected and I can only speak in superlatives about this program.

Today we move South 300 km to Hatya. There are 5 clubs there and they each take one of us to home host. So far the three boys have been put together in one home in the two places we have visited so far. Bangkok is crazy with traffic, but otherwise a fascinating place.

I have to close now, but will get back with more soon. Marco

## Editor's note:

There is so much information on the GSE Team's Blog, too much to print here, that I urge everybody to take a look at http://gse5050thailand.blogspot.com

